

CS/CS/HB 1081

2012

1 A bill to be entitled
2 An act relating to controlled substances; amending s.
3 456.44, F.S.; substituting the term "psychiatrist" for
4 the term "physiatrist" in certain instances; adding
5 the American Board of Medical Specialties to
6 recognized certification entities for certain
7 purposes; deleting rheumatoid arthritis from an
8 exception to the definition of the term "chronic
9 nonmalignant pain"; requiring certain physicians
10 prescribing controlled substances listed in Schedule
11 II, Schedule III, or Schedule IV to meet specified
12 requirements; providing exemptions from certain
13 provisions for rheumatologists; amending ss. 458.3265
14 and 459.0137, F.S.; deleting rheumatoid arthritis from
15 an exception to the definition of the term "chronic
16 nonmalignant pain"; exempting a pain-management clinic
17 owned by a rheumatologist or a physician
18 multispecialty practice from registration with the
19 Department of Health; amending s. 893.13, F.S.;
20 prohibiting the knowing use in another manner of a
21 Schedule II controlled substance intended to be
22 administered orally; providing criminal penalties;
23 amending ss. 893.055, 893.0551, and 921.0022, F.S.;
24 conforming cross-references; providing an effective
25 date.

26
27 Be It Enacted by the Legislature of the State of Florida:
28

29 Section 1. Paragraphs (a), (c), and (d) of subsection (1)
 30 and subsections (2) and (3) of section 456.44, Florida Statutes,
 31 are amended to read:

32 456.44 Controlled substance prescribing.—

33 (1) DEFINITIONS.—

34 (a) "Addiction medicine specialist" means a board-
 35 certified psychiatrist ~~physiatrist~~ with a subspecialty
 36 certification in addiction medicine or who is eligible for such
 37 subspecialty certification in addiction medicine, an addiction
 38 medicine physician certified or eligible for certification by
 39 the American Society of Addiction Medicine, or an osteopathic
 40 physician who holds a certificate of added qualification in
 41 Addiction Medicine through the American Osteopathic Association.

42 (c) "Board-certified pain management physician" means a
 43 physician who possesses board certification in pain medicine by
 44 the American Board of Pain Medicine, board certification by the
 45 American Board of Interventional Pain Physicians, or board
 46 certification or subcertification in pain management by a
 47 specialty board recognized by the American Association of
 48 Physician Specialists or the American Board of Medical
 49 Specialties or an osteopathic physician who holds a certificate
 50 in Pain Management by the American Osteopathic Association.

51 (d) "Chronic nonmalignant pain" means pain unrelated to
 52 cancer ~~or rheumatoid arthritis~~ which persists beyond the usual
 53 course of disease or the injury that is the cause of the pain or
 54 more than 90 days after surgery.

55 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician
 56 licensed under chapter 458, chapter 459, chapter 461, or chapter

CS/CS/HB 1081

2012

57 | 466 who prescribes any controlled substance listed in Schedule
58 | II, Schedule III, or Schedule IV of ~~as defined in s. 893.037~~ for
59 | the treatment of chronic nonmalignant pain~~7~~ must:

60 | (a) Designate himself or herself as a controlled substance
61 | prescribing practitioner on the physician's practitioner
62 | profile.

63 | (b) Comply with the requirements of this section and
64 | applicable board rules.

65 | (3) STANDARDS OF PRACTICE.—The standards of practice in
66 | this section do not supersede the level of care, skill, and
67 | treatment recognized in general law related to health care
68 | licensure.

69 | (a) A complete medical history and a physical examination
70 | must be conducted before beginning any treatment and must be
71 | documented in the medical record. The exact components of the
72 | physical examination shall be left to the judgment of the
73 | clinician who is expected to perform a physical examination
74 | proportionate to the diagnosis that justifies a treatment. The
75 | medical record must, at a minimum, document the nature and
76 | intensity of the pain, current and past treatments for pain,
77 | underlying or coexisting diseases or conditions, the effect of
78 | the pain on physical and psychological function, a review of
79 | previous medical records, previous diagnostic studies, and
80 | history of alcohol and substance abuse. The medical record shall
81 | also document the presence of one or more recognized medical
82 | indications for the use of a controlled substance. Each
83 | registrant must develop a written plan for assessing each
84 | patient's risk of aberrant drug-related behavior, which may

85 include patient drug testing. Registrants must assess each
86 patient's risk for aberrant drug-related behavior and monitor
87 that risk on an ongoing basis in accordance with the plan.

88 (b) Each registrant must develop a written individualized
89 treatment plan for each patient. The treatment plan shall state
90 objectives that will be used to determine treatment success,
91 such as pain relief and improved physical and psychosocial
92 function, and shall indicate if any further diagnostic
93 evaluations or other treatments are planned. After treatment
94 begins, the physician shall adjust drug therapy to the
95 individual medical needs of each patient. Other treatment
96 modalities, including a rehabilitation program, shall be
97 considered depending on the etiology of the pain and the extent
98 to which the pain is associated with physical and psychosocial
99 impairment. The interdisciplinary nature of the treatment plan
100 shall be documented.

101 (c) The physician shall discuss the risks and benefits of
102 the use of controlled substances, including the risks of abuse
103 and addiction, as well as physical dependence and its
104 consequences, with the patient, persons designated by the
105 patient, or the patient's surrogate or guardian if the patient
106 is incompetent. The physician shall use a written controlled
107 substance agreement between the physician and the patient
108 outlining the patient's responsibilities, including, but not
109 limited to:

110 1. Number and frequency of controlled substance
111 prescriptions and refills.

112 2. Patient compliance and reasons for which drug therapy

113 may be discontinued, such as a violation of the agreement.

114 3. An agreement that controlled substances for the
115 treatment of chronic nonmalignant pain shall be prescribed by a
116 single treating physician unless otherwise authorized by the
117 treating physician and documented in the medical record.

118 (d) The patient shall be seen by the physician at regular
119 intervals, not to exceed 3 months, to assess the efficacy of
120 treatment, ensure that controlled substance therapy remains
121 indicated, evaluate the patient's progress toward treatment
122 objectives, consider adverse drug effects, and review the
123 etiology of the pain. Continuation or modification of therapy
124 shall depend on the physician's evaluation of the patient's
125 progress. If treatment goals are not being achieved, despite
126 medication adjustments, the physician shall reevaluate the
127 appropriateness of continued treatment. The physician shall
128 monitor patient compliance in medication usage, related
129 treatment plans, controlled substance agreements, and
130 indications of substance abuse or diversion at a minimum of 3-
131 month intervals.

132 (e) The physician shall refer the patient as necessary for
133 additional evaluation and treatment in order to achieve
134 treatment objectives. Special attention shall be given to those
135 patients who are at risk for misusing their medications and
136 those whose living arrangements pose a risk for medication
137 misuse or diversion. The management of pain in patients with a
138 history of substance abuse or with a comorbid psychiatric
139 disorder requires extra care, monitoring, and documentation and
140 requires consultation with or referral to an addictionologist or

CS/CS/HB 1081

2012

141 psychiatrist ~~physiatrist~~.

142 (f) A physician registered under this section must
143 maintain accurate, current, and complete records that are
144 accessible and readily available for review and comply with the
145 requirements of this section, the applicable practice act, and
146 applicable board rules. The medical records must include, but
147 are not limited to:

- 148 1. The complete medical history and a physical
149 examination, including history of drug abuse or dependence.
- 150 2. Diagnostic, therapeutic, and laboratory results.
- 151 3. Evaluations and consultations.
- 152 4. Treatment objectives.
- 153 5. Discussion of risks and benefits.
- 154 6. Treatments.
- 155 7. Medications, including date, type, dosage, and quantity
156 prescribed.
- 157 8. Instructions and agreements.
- 158 9. Periodic reviews.
- 159 10. Results of any drug testing.
- 160 11. A photocopy of the patient's government-issued photo
161 identification.
- 162 12. If a written prescription for a controlled substance
163 is given to the patient, a duplicate of the prescription.
- 164 13. The physician's full name presented in a legible
165 manner.

166 (g) Patients with signs or symptoms of substance abuse
167 shall be immediately referred to a board-certified pain
168 management physician, an addiction medicine specialist, or a

CS/CS/HB 1081

2012

169 mental health addiction facility as it pertains to drug abuse or
170 addiction unless the physician is board-certified or board-
171 eligible in pain management. Throughout the period of time
172 before receiving the consultant's report, a prescribing
173 physician shall clearly and completely document medical
174 justification for continued treatment with controlled substances
175 and those steps taken to ensure medically appropriate use of
176 controlled substances by the patient. Upon receipt of the
177 consultant's written report, the prescribing physician shall
178 incorporate the consultant's recommendations for continuing,
179 modifying, or discontinuing controlled substance therapy. The
180 resulting changes in treatment shall be specifically documented
181 in the patient's medical record. Evidence or behavioral
182 indications of diversion shall be followed by discontinuation of
183 controlled substance therapy, and the patient shall be
184 discharged, and all results of testing and actions taken by the
185 physician shall be documented in the patient's medical record.
186

187 This subsection does not apply to a board-certified
188 anesthesiologist, physiatrist, rheumatologist, or neurologist,
189 or to a board-certified physician who has surgical privileges at
190 a hospital or ambulatory surgery center and primarily provides
191 surgical services. This subsection does not apply to a board-
192 certified medical specialist who has also completed a fellowship
193 in pain medicine approved by the Accreditation Council for
194 Graduate Medical Education or the American Osteopathic
195 Association, or who is board certified in pain medicine by a
196 board approved by the American Board of Medical Specialties or

197 | the American Osteopathic Association and performs interventional
 198 | pain procedures of the type routinely billed using surgical
 199 | codes.

200 | Section 2. Paragraph (a) of subsection (1) of section
 201 | 458.3265, Florida Statutes, is amended to read:

202 | 458.3265 Pain-management clinics.—

203 | (1) REGISTRATION.—

204 | (a)1. As used in this section, the term:

205 | a. "Chronic nonmalignant pain" means pain unrelated to
 206 | ~~cancer or rheumatoid arthritis~~ which persists beyond the usual
 207 | course of disease or the injury that is the cause of the pain or
 208 | more than 90 days after surgery.

209 | b. "Pain-management clinic" or "clinic" means any publicly
 210 | or privately owned facility:

211 | (I) That advertises in any medium for any type of pain-
 212 | management services; or

213 | (II) Where in any month a majority of patients are
 214 | prescribed opioids, benzodiazepines, barbiturates, or
 215 | carisoprodol for the treatment of chronic nonmalignant pain.

216 | 2. Each pain-management clinic must register with the
 217 | department unless:

218 | a. That clinic is licensed as a facility pursuant to
 219 | chapter 395;

220 | b. The majority of the physicians who provide services in
 221 | the clinic primarily provide surgical services;

222 | c. The clinic is owned by a publicly held corporation
 223 | whose shares are traded on a national exchange or on the over-
 224 | the-counter market and whose total assets at the end of the

225 corporation's most recent fiscal quarter exceeded \$50 million;

226 d. The clinic is affiliated with an accredited medical
 227 school at which training is provided for medical students,
 228 residents, or fellows;

229 e. The clinic does not prescribe controlled substances for
 230 the treatment of pain;

231 f. The clinic is owned by a corporate entity exempt from
 232 federal taxation under 26 U.S.C. s. 501(c)(3);

233 g. The clinic is wholly owned and operated by one or more
 234 board-certified anesthesiologists, physiatrists,
 235 rheumatologists, or neurologists; or

236 h. The clinic is wholly owned and operated by a physician
 237 multispecialty practice in which one or more board-certified
 238 medical specialists ~~who~~ have also completed fellowships in pain
 239 medicine approved by the Accreditation Council for Graduate
 240 Medical Education, ~~or who~~ are also board-certified in pain
 241 medicine by a board approved by the American Board of Medical
 242 Specialties and perform interventional pain procedures of the
 243 type routinely billed using surgical codes.

244 Section 3. Paragraph (a) of subsection (1) of section
 245 459.0137, Florida Statutes, is amended to read:

246 459.0137 Pain-management clinics.—

247 (1) REGISTRATION.—

248 (a)1. As used in this section, the term:

249 a. "Chronic nonmalignant pain" means pain unrelated to
 250 cancer ~~or rheumatoid arthritis~~ which persists beyond the usual
 251 course of disease or the injury that is the cause of the pain or
 252 more than 90 days after surgery.

253 | b. "Pain-management clinic" or "clinic" means any publicly
254 | or privately owned facility:

255 | (I) That advertises in any medium for any type of pain-
256 | management services; or

257 | (II) Where in any month a majority of patients are
258 | prescribed opioids, benzodiazepines, barbiturates, or
259 | carisoprodol for the treatment of chronic nonmalignant pain.

260 | 2. Each pain-management clinic must register with the
261 | department unless:

262 | a. That clinic is licensed as a facility pursuant to
263 | chapter 395;

264 | b. The majority of the physicians who provide services in
265 | the clinic primarily provide surgical services;

266 | c. The clinic is owned by a publicly held corporation
267 | whose shares are traded on a national exchange or on the over-
268 | the-counter market and whose total assets at the end of the
269 | corporation's most recent fiscal quarter exceeded \$50 million;

270 | d. The clinic is affiliated with an accredited medical
271 | school at which training is provided for medical students,
272 | residents, or fellows;

273 | e. The clinic does not prescribe controlled substances for
274 | the treatment of pain;

275 | f. The clinic is owned by a corporate entity exempt from
276 | federal taxation under 26 U.S.C. s. 501(c)(3);

277 | g. The clinic is wholly owned and operated by one or more
278 | board-certified anesthesiologists, physiatrists,
279 | rheumatologists, or neurologists; or

280 | h. The clinic is wholly owned and operated by a physician

281 multispecialty practice in which one or more board-certified
 282 medical specialists ~~who~~ have also completed fellowships in pain
 283 medicine approved by the Accreditation Council for Graduate
 284 Medical Education or the American Osteopathic Association, or
 285 ~~who~~ are also board-certified in pain medicine by a board
 286 approved by the American Board of Medical Specialties or the
 287 American Osteopathic Association and perform interventional pain
 288 procedures of the type routinely billed using surgical codes.

289 Section 4. Subsection (7) of section 893.13, Florida
 290 Statutes, is amended to read:

291 893.13 Prohibited acts; penalties.—

292 (7) (a) A person may not:

293 1. Distribute or dispense a controlled substance in
 294 violation of this chapter.

295 2. Refuse or fail to make, keep, or furnish any record,
 296 notification, order form, statement, invoice, or information
 297 required under this chapter.

298 3. Refuse entry into any premises for any inspection or
 299 refuse to allow any inspection authorized by this chapter.

300 4. Distribute a controlled substance named or described in
 301 s. 893.03(1) or (2) except pursuant to an order form as required
 302 by s. 893.06.

303 5. Keep or maintain any store, shop, warehouse, dwelling,
 304 building, vehicle, boat, aircraft, or other structure or place
 305 which is resorted to by persons using controlled substances in
 306 violation of this chapter for the purpose of using these
 307 substances, or which is used for keeping or selling them in
 308 violation of this chapter.

309 6. Use to his or her own personal advantage, or reveal,
 310 any information obtained in enforcement of this chapter except
 311 in a prosecution or administrative hearing for a violation of
 312 this chapter.

313 7. Possess a prescription form which has not been
 314 completed and signed by the practitioner whose name appears
 315 printed thereon, unless the person is that practitioner, is an
 316 agent or employee of that practitioner, is a pharmacist, or is a
 317 supplier of prescription forms who is authorized by that
 318 practitioner to possess those forms.

319 8. Knowingly use in another manner a Schedule II
 320 controlled substance intended by the prescriber to be
 321 administered orally.

322 ~~9.8.~~ Withhold information from a practitioner from whom
 323 the person seeks to obtain a controlled substance or a
 324 prescription for a controlled substance that the person making
 325 the request has received a controlled substance or a
 326 prescription for a controlled substance of like therapeutic use
 327 from another practitioner within the previous 30 days.

328 ~~10.9.~~ Acquire or obtain, or attempt to acquire or obtain,
 329 possession of a controlled substance by misrepresentation,
 330 fraud, forgery, deception, or subterfuge.

331 ~~11.10.~~ Affix any false or forged label to a package or
 332 receptacle containing a controlled substance.

333 ~~12.11.~~ Furnish false or fraudulent material information
 334 in, or omit any material information from, any report or other
 335 document required to be kept or filed under this chapter or any
 336 record required to be kept by this chapter.

337 ~~13.12.~~ Store anhydrous ammonia in a container that is not
338 approved by the United States Department of Transportation to
339 hold anhydrous ammonia or is not constructed in accordance with
340 sound engineering, agricultural, or commercial practices.

341 ~~14.13.~~ With the intent to obtain a controlled substance or
342 combination of controlled substances that are not medically
343 necessary for the person or an amount of a controlled substance
344 or substances that is not medically necessary for the person,
345 obtain or attempt to obtain from a practitioner a controlled
346 substance or a prescription for a controlled substance by
347 misrepresentation, fraud, forgery, deception, subterfuge, or
348 concealment of a material fact. For purposes of this
349 subparagraph, a material fact includes whether the person has an
350 existing prescription for a controlled substance issued for the
351 same period of time by another practitioner or as described in
352 subparagraph 9. ~~8.~~

353 (b) A health care practitioner, with the intent to provide
354 a controlled substance or combination of controlled substances
355 that are not medically necessary to his or her patient or an
356 amount of controlled substances that is not medically necessary
357 for his or her patient, may not provide a controlled substance
358 or a prescription for a controlled substance by
359 misrepresentation, fraud, forgery, deception, subterfuge, or
360 concealment of a material fact. For purposes of this paragraph,
361 a material fact includes whether the patient has an existing
362 prescription for a controlled substance issued for the same
363 period of time by another practitioner or as described in
364 subparagraph (a)9. ~~(a)8.~~

365 (c) Any person who violates ~~the provisions of~~
 366 subparagraphs (a)1.-8. ~~(a)1.-7.~~ commits a misdemeanor of the
 367 first degree, punishable as provided in s. 775.082 or s.
 368 775.083; except that, upon a second or subsequent violation, the
 369 person commits a felony of the third degree, punishable as
 370 provided in s. 775.082, s. 775.083, or s. 775.084.

371 (d) Any person who violates ~~the provisions of~~
 372 subparagraphs (a)9.-13. ~~(a)8.-12.~~ commits a felony of the third
 373 degree, punishable as provided in s. 775.082, s. 775.083, or s.
 374 775.084.

375 (e) A person or health care practitioner who violates ~~the~~
 376 ~~provisions of~~ subparagraph (a)14. ~~(a)13.~~ or paragraph (b)
 377 commits a felony of the third degree, punishable as provided in
 378 s. 775.082, s. 775.083, or s. 775.084, if any controlled
 379 substance that is the subject of the offense is listed in
 380 Schedule II, Schedule III, or Schedule IV.

381 Section 5. Paragraph (a) of subsection (1), paragraph (b)
 382 of subsection (2), and paragraph (f) of subsection (7) of
 383 section 893.055, Florida Statutes, are amended to read:

384 893.055 Prescription drug monitoring program.—

385 (1) As used in this section, the term:

386 (a) "Patient advisory report" or "advisory report" means
 387 information provided by the department in writing, or as
 388 determined by the department, to a prescriber, dispenser,
 389 pharmacy, or patient concerning the dispensing of controlled
 390 substances. All advisory reports are for informational purposes
 391 only and impose no obligations of any nature or any legal duty
 392 on a prescriber, dispenser, pharmacy, or patient. The patient

393 advisory report shall be provided in accordance with s.
 394 893.13(7)(a)9. ~~893.13(7)(a)8.~~ The advisory reports issued by the
 395 department are not subject to discovery or introduction into
 396 evidence in any civil or administrative action against a
 397 prescriber, dispenser, pharmacy, or patient arising out of
 398 matters that are the subject of the report; and a person who
 399 participates in preparing, reviewing, issuing, or any other
 400 activity related to an advisory report may not be permitted or
 401 required to testify in any such civil action as to any findings,
 402 recommendations, evaluations, opinions, or other actions taken
 403 in connection with preparing, reviewing, or issuing such a
 404 report.

405 (2)

406 (b) The department, when the direct support organization
 407 receives at least \$20,000 in nonstate moneys or the state
 408 receives at least \$20,000 in federal grants for the prescription
 409 drug monitoring program, shall adopt rules as necessary
 410 concerning the reporting, accessing the database, evaluation,
 411 management, development, implementation, operation, security,
 412 and storage of information within the system, including rules
 413 for when patient advisory reports are provided to pharmacies and
 414 prescribers. The patient advisory report shall be provided in
 415 accordance with s. 893.13(7)(a)9. ~~893.13(7)(a)8.~~ The department
 416 shall work with the professional health care licensure boards,
 417 such as the Board of Medicine, the Board of Osteopathic
 418 Medicine, and the Board of Pharmacy; other appropriate
 419 organizations, such as the Florida Pharmacy Association, the
 420 Florida Medical Association, the Florida Retail Federation, and

421 the Florida Osteopathic Medical Association, including those
 422 relating to pain management; and the Attorney General, the
 423 Department of Law Enforcement, and the Agency for Health Care
 424 Administration to develop rules appropriate for the prescription
 425 drug monitoring program.

426 (7)

427 (f) The program manager, upon determining a pattern
 428 consistent with the rules established under paragraph (2) (d) and
 429 having cause to believe a violation of s. 893.13(7) (a) 9.
 430 ~~893.13(7) (a) 8.~~, (8) (a), or (8) (b) has occurred, may provide
 431 relevant information to the applicable law enforcement agency.

432 Section 6. Subsection (4) of section 893.0551, Florida
 433 Statutes, is amended to read:

434 893.0551 Public records exemption for the prescription
 435 drug monitoring program.—

436 (4) The department shall disclose such confidential and
 437 exempt information to the applicable law enforcement agency in
 438 accordance with s. 893.055(7) (f). The law enforcement agency may
 439 disclose the confidential and exempt information received from
 440 the department to a criminal justice agency as defined in s.
 441 119.011 as part of an active investigation that is specific to a
 442 violation of s. 893.13(7) (a) 9. ~~893.13(7) (a) 8.~~, s. 893.13(8) (a),
 443 or s. 893.13(8) (b) .

444 Section 7. Paragraph (c) of subsection (3) of section
 445 921.0022, Florida Statutes, is amended to read:

446 921.0022 Criminal Punishment Code; offense severity
 447 ranking chart.—

448 (3) OFFENSE SEVERITY RANKING CHART

CS/CS/HB 1081

2012

449 (c) LEVEL 3

450

Florida	Felony	
Statute	Degree	Description

451

119.10 (2) (b)	3rd	Unlawful use of confidential information from police reports.
----------------	-----	---

452

316.066 (3) (b) - (d)	3rd	Unlawfully obtaining or using confidential crash reports.
--------------------------	-----	---

453

316.193 (2) (b)	3rd	Felony DUI, 3rd conviction.
-----------------	-----	-----------------------------

454

316.1935 (2)	3rd	Fleeing or attempting to elude law enforcement officer in patrol vehicle with siren and lights activated.
--------------	-----	---

455

319.30 (4)	3rd	Possession by junkyard of motor vehicle with identification number plate removed.
------------	-----	---

456

319.33 (1) (a)	3rd	Alter or forge any certificate of title to a motor vehicle or mobile home.
----------------	-----	--

457

CS/CS/HB 1081

2012

458	319.33(1)(c)	3rd	Procure or pass title on stolen vehicle.
459	319.33(4)	3rd	With intent to defraud, possess, sell, etc., a blank, forged, or unlawfully obtained title or registration.
460	327.35(2)(b)	3rd	Felony BUI.
461	328.05(2)	3rd	Possess, sell, or counterfeit fictitious, stolen, or fraudulent titles or bills of sale of vessels.
462	328.07(4)	3rd	Manufacture, exchange, or possess vessel with counterfeit or wrong ID number.
463	376.302(5)	3rd	Fraud related to reimbursement for cleanup expenses under the Inland Protection Trust Fund.
	379.2431 (1)(e)5.	3rd	Taking, disturbing, mutilating, destroying, causing to be destroyed, transferring, selling, offering to sell,

CS/CS/HB 1081

2012

molesting, or harassing marine turtles, marine turtle eggs, or marine turtle nests in violation of the Marine Turtle Protection Act.

464

379.2431
(1) (e) 6.

3rd Soliciting to commit or conspiring to commit a violation of the Marine Turtle Protection Act.

465

400.9935 (4)

3rd Operating a clinic without a license or filing false license application or other required information.

466

440.1051 (3)

3rd False report of workers' compensation fraud or retaliation for making such a report.

467

501.001 (2) (b)

2nd Tampers with a consumer product or the container using materially false/misleading information.

468

624.401 (4) (a)

3rd Transacting insurance without a

CS/CS/HB 1081

2012

certificate of authority.

469

624.401 (4) (b) 1. 3rd Transacting insurance without a
 certificate of authority;
 premium collected less than
 \$20,000.

470

626.902 (1) (a) & 3rd Representing an unauthorized
 (b) insurer.

471

697.08 3rd Equity skimming.

472

790.15 (3) 3rd Person directs another to
 discharge firearm from a
 vehicle.

473

796.05 (1) 3rd Live on earnings of a
 prostitute.

474

806.10 (1) 3rd Maliciously injure, destroy, or
 interfere with vehicles or
 equipment used in firefighting.

475

806.10 (2) 3rd Interferes with or assaults
 firefighter in performance of
 duty.

476

CS/CS/HB 1081

2012

477	810.09 (2) (c)	3rd	Trespass on property other than structure or conveyance armed with firearm or dangerous weapon.
478	812.014 (2) (c) 2.	3rd	Grand theft; \$5,000 or more but less than \$10,000.
479	812.0145 (2) (c)	3rd	Theft from person 65 years of age or older; \$300 or more but less than \$10,000.
480	815.04 (4) (b)	2nd	Computer offense devised to defraud or obtain property.
481	817.034 (4) (a) 3.	3rd	Engages in scheme to defraud (Florida Communications Fraud Act), property valued at less than \$20,000.
482	817.233	3rd	Burning to defraud insurer.
483	817.234 (8) (b) - (c)	3rd	Unlawful solicitation of persons involved in motor vehicle accidents.
	817.234 (11) (a)	3rd	Insurance fraud; property value

CS/CS/HB 1081

2012

less than \$20,000.

484

817.236 3rd Filing a false motor vehicle insurance application.

485

817.2361 3rd Creating, marketing, or presenting a false or fraudulent motor vehicle insurance card.

486

817.413 (2) 3rd Sale of used goods as new.

487

817.505 (4) 3rd Patient brokering.

488

828.12 (2) 3rd Tortures any animal with intent to inflict intense pain, serious physical injury, or death.

489

831.28 (2) (a) 3rd Counterfeiting a payment instrument with intent to defraud or possessing a counterfeit payment instrument.

490

831.29 2nd Possession of instruments for counterfeiting drivers' licenses or identification

CS/CS/HB 1081

2012

cards.

491

838.021 (3) (b) 3rd Threatens unlawful harm to public servant.

492

843.19 3rd Injure, disable, or kill police dog or horse.

493

860.15 (3) 3rd Overcharging for repairs and parts.

494

870.01 (2) 3rd Riot; inciting or encouraging.

495

893.13 (1) (a) 2. 3rd Sell, manufacture, or deliver cannabis (or other s. 893.03 (1) (c), (2) (c) 1., (2) (c) 2., (2) (c) 3., (2) (c) 5., (2) (c) 6., (2) (c) 7., (2) (c) 8., (2) (c) 9., (3), or (4) drugs).

496

893.13 (1) (d) 2. 2nd Sell, manufacture, or deliver s. 893.03 (1) (c), (2) (c) 1., (2) (c) 2., (2) (c) 3., (2) (c) 5., (2) (c) 6., (2) (c) 7., (2) (c) 8., (2) (c) 9., (3), or (4) drugs within 1,000 feet of university.

497

CS/CS/HB 1081

2012

498	893.13(1)(f)2.	2nd	Sell, manufacture, or deliver s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5., (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (3), or (4) drugs within 1,000 feet of public housing facility.
499	893.13(6)(a)	3rd	Possession of any controlled substance other than felony possession of cannabis.
500	<u>893.13(7)(a)9.</u> 893.13(7)(a)8.	3rd	Withhold information from practitioner regarding previous receipt of or prescription for a controlled substance.
501	<u>893.13(7)(a)10.</u> 893.13(7)(a)9.	3rd	Obtain or attempt to obtain controlled substance by fraud, forgery, misrepresentation, etc.
502	<u>893.13(7)(a)11.</u> 893.13(7)(a)10.	3rd	Affix false or forged label to package of controlled substance.
502	<u>893.13(7)(a)12.</u>	3rd	Furnish false or fraudulent

CS/CS/HB 1081

2012

503

~~893.13(7)(a)11.~~

material information on any document or record required by chapter 893.

504

893.13(8)(a)1.

3rd

Knowingly assist a patient, other person, or owner of an animal in obtaining a controlled substance through deceptive, untrue, or fraudulent representations in or related to the practitioner's practice.

505

893.13(8)(a)2.

3rd

Employ a trick or scheme in the practitioner's practice to assist a patient, other person, or owner of an animal in obtaining a controlled substance.

506

893.13(8)(a)3.

3rd

Knowingly write a prescription for a controlled substance for a fictitious person.

893.13(8)(a)4.

3rd

Write a prescription for a controlled substance for a patient, other person, or an

CS/CS/HB 1081

2012

animal if the sole purpose of writing the prescription is a monetary benefit for the practitioner.

507

918.13(1)(a) 3rd Alter, destroy, or conceal investigation evidence.

508

944.47 3rd Introduce contraband to (1)(a)1.-2. correctional facility.

509

944.47(1)(c) 2nd Possess contraband while upon the grounds of a correctional institution.

510

985.721 3rd Escapes from a juvenile facility (secure detention or residential commitment facility).

511

512 Section 8. This act shall take effect October 1, 2012.